

**ORANGE COUNTY CLERK OF THE BOARD, ASSESSMENT APPEALS DIVISION**

**AGENT'S AUTHORIZATION FORM (Filed with Initial Application)**

See Instructions on Reverse Side

(Please Type or Print)

**1. APPLICANT / PROPERTY INFORMATION**

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S STREET ADDRESS/P.O. Box \_\_\_\_\_

APPLICANT'S CITY/STATE/ZIP \_\_\_\_\_

SECURED: PARCEL/ASSESSMENT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ • \_\_\_\_\_

UNSECURED: PARCEL/ASSESSMENT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This authorization covers the following calendar year\*: \_\_\_\_\_

(\*Calendar year is from Jan. 1 through Dec. 31 – each year a new authorization must be completed)

☐ The named agent during this annual filing period is hereby authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, on any and all assessments or property located within the County of Orange owned by this applicant. \_\_\_\_\_ **(Applicant must initial this statement)**

☐ The named agent during this annual filing period is hereby authorized to file applications for changed assessment and transact all business relating to such filings, including the withdrawal of an application, identified on the attached multiple property statement form (COB-305-AM) owned by this applicant. \_\_\_\_\_ **(Applicant must initial this statement)**

**2. AGENT'S AUTHORIZATION**

*If the applicant is a corporation, limited partnership, or limited liability company, the agent's authorization must be signed by an officer or authorized employee of the business entity.*

\_\_\_\_\_  
(Name of Agent)

\_\_\_\_\_  
(Agent's Company Name, if applicable)

\_\_\_\_\_  
(Agent's Address)

( ) \_\_\_\_\_  
(Agent's phone)

( ) \_\_\_\_\_  
(Alternate phone)

( ) \_\_\_\_\_  
(Fax phone)

The above named person/company is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, withdraw this application(s) and otherwise any settle issues relating to this application.

**3. AGENT'S CERTIFICATION**

I hereby certify that a copy of the completed application for changed assessment attached to this authorization has been forwarded to the applicant named in this application. If using a multiple property statement form, the property(ies) subject to this specific application have been highlighted or clearly identified. If a copy of this form is being submitted, I will produce the original form with original signatures upon request or any action being requested will be denied.

\_\_\_\_\_  
(Name of Agent )

\_\_\_\_\_  
(Agent's Company Name, if different)

\_\_\_\_\_  
(Signature of Agent)

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**FORM 305-A**

Revised April 2000

# Instructions for Initial Agent's Authorization

## Box 1

Complete all sections in the “Application/Property Information” portion of the form and provide us with your current mailing address.

*Enter the calendar year this authorization is effective.* NOTE: Only one calendar year may be authorized.

If you are authorizing a single agent to act on your behalf for “all” property owned by you or your organization within Orange County, check the appropriate box and initial that section.

If you are authorizing a single agent to act on your behalf for property identified on the attached multiple property statement Form COB 305-AM, check the appropriate box and initial that section

## Box 2

Complete all sections.

## Box 3

This box **must** be completed by the agent named in box 2.

## Signature & Date

The form must be **signed and dated at the bottom** by the applicant named in this application. Signatures in blue ink are preferred. Be sure to **print name and title** (if applicable) clearly. If a copy of this form is being submitted, you or your agent must produce the original form with original signatures upon request or any action being requested will be denied.

## Mail Completed Form to:

*Clerk of the Board of Supervisors  
Assessment Appeals Division  
12 Civic Center Plaza, Room 238  
P.O. Box 22023  
Santa Ana, CA 92702-2023*